

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000098739

Entity Name: LEGEND SOLUTIONS LLC

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10211 SHADOW BRANCH DR  
TAMPA, FL 33647

**New Principal Place of Business:**

12909 N. 56TH ST  
STE- 205  
TAMPA, FL 33617

**Current Mailing Address:**

10211 SHADOW BRANCH DR  
TAMPA, FL 33647

**New Mailing Address:**

12909 N. 56TH ST  
STE- 205  
TAMPA, FL 33617

FEI Number: 26-3569181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

USHARANI, ELANGO VAN  
10211 SHADOW BRANCH DR  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

USHARANI, ELANGO VAN  
24438 LANDING DR  
LUTZ, FL 33559 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: USHARANI ELANGO VAN

04/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: USHARANI, ELANGO VAN  
Address: 24438 LANDING DR  
City-St-Zip: LUTZ, FL 33559

Title: MGRM  
Name: RAMYA, ALAGUSUNDARAM  
Address: 24438 LANDING DR  
City-St-Zip: LUTZ, FL 33559

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: USHARANI ELANGO VAN

MRS

04/01/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date